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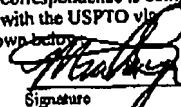
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/664,587
	Filing Date	9/18/2000
	First Named Inventor	Dyor, Elizabeth R.
	Group Art Unit	3627
	Confirmation Number	4756
	Examiner Name	Rudy, Andrew J.
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	77777.08529

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (13 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being electronically deposited with the USPTO via facsimile on the date shown below: May 21, 2007 Date  Signature Matthew Dyor Printed Name	Remarks <input type="checkbox"/>
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SIGNATURE OF ATTORNEY OR AGENT			
Signature 	Reg. No.	45,278	
Name of Attorney or Agent		Matthew Dyor	
Date	May 21, 2007	Tel.	360.220.3070
Assignee Name:		Facsimile No.	
Customer Number: 27,642			

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :

Dyor, Elizabeth R.

Serial No.: 09/664,587

Filed: November 22, 1999

For: Financial Management System

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Group Art Unit: 3627

Examiner: Andrew J. Rudy

RESPONSE

This communication is responsive to the Office Action mailed February 20, 2007. This Response replaces the previous communication electronically filed earlier on the same day, but without the benefit of a certificate of transmission. No fees are believed to be due.

Amendments to the Claims:

No Amendment to the claims is made. Accordingly, the claims submitted with the Amendment dated October 29, 2006 are the current claims.

Remarks

Remarks begin on page 6.